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IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 01/16/2002					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after <i>Allowance</i> Verified and Acknowledged <i>ELIB</i> Examiner's Signature _____ Initials _____		STATE OR COUNTRY ISRAEL	SHEETS DRAWING 11	TOTAL CLAIMS 37	INDEPENDENT CLAIMS 3
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FILING FEE RECEIVED 1176	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		